PTO/SB/01A (10-00)

oved for use through 10/31/2002, OMB 0651-0032 U.S. Patent and T prk Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction A 95, no persons are required to respond to a collection of in n unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)** As the below named inventor(s), I/we declare that: This declaration is directed to: The attached application, or Application No. , filed on as amended on if applicable); I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought; I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above: I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. Full Name of Inventor(s) Inventor 1 John P. Mueller US Signature Citizen of Inventor 2 Eric T. Baima US Signature Citizen of

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Additional inventors are being named on

H.
(T)
Ē
U
T.
₽,
IJ
الط
Ц
Ē
Ĩ.

Please type a plus sign (+) inside thi	s +	Patent and	PTO/SB/81(02-01) peroved for use through 10/31/2002. OMB 0651-0035 ark Office: U.S. DEPARTMENT OF COMMERCE		
		Application Number			
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Filing Date	January 30, 2002		
		First Named Inventor	John P. Mueller		
		Title	HarA Polypeptides and Nucleic Acids, and Related Methods and Uses Thereof		
		Group Art Unit			
	•	Examiner Name			
		Attorney Docket Number	er PC11013A		
l hereby appoint:			<u></u>		
Practitioners at Cus	stomer Number	23913			
	d to also				
Practitioners name		Pogiate	otion Number		
	Name	Kegistr	ation Number		
		oplication identified above, ar Office connected therewith.	d to transact all		
Please change the corre	spondence address for the	above-identified application to	o:		
The above-mentioned Customer Number.  OR					
Practitioners at Customer Number  OR					
Firm or Individual Name					
Address		*			
Address					
City		State	Zip		
Country			· · · · · · · · · · · · · · · · · · ·		
Telephone		Fax			
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	John P. Mueller				
Signature					
Date					
		f the entire interest or their repre	sentative(s) are required. Submit multiple		
*Total of forms are su					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

H.
(Ti
U
T.
H
₽
H,
ĮĮ.
T.

☐ \*Total of

forms are submitted.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT  Provided in the state of	Please type a plus sign (+) inside this t	+	Patent and	proved for use through 10/31/2002. OMB 0651-0035 ark Office: U.S. DEPARTMENT OF COMMERCE			
Filing Date John P. Mueller  POWER OF ATTORNEY OR AUTHORIZATION OF AGENT  Ittle Hart Polypoptides and Nucleic Acids, and Related Methods and Uses Thereof  Group Art Unit Examiner Name Attorney Docket Number PC11013A  I hereby appoint:  Practitioners at Customer Number OR  Practitioners named below:  Name Registration Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name Address  Address  Address  Address  Address  Address  Address  Signature  Signature  Signature  Signature  Signature of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple			Application Number				
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT    First Named Inventor			——————————————————————————————————————	January 30, 2002			
AUTHORIZATION OF AGENT    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   Signature   Date   Signature   Date   Signature   Signatures   Signatures   Signature   Signatures   Signature   Signatures   Signature   Signatur				John P. Mueller			
Group Art Unit   Examiner Name   Attorney Docket Number   PC11013A			Title	and Related Methods and Uses			
Attorney Docket Number   PC11013A	AOTHORIZATIO	NO AOEN	Group Art Unit				
I hereby appoint:   Practitioners at Customer Number   23913   Practitioners named below:   Name   Registration Number   Registration Number   Registration Number   Registration Number   Name   Registration Number   Re	1		Examiner Name				
Practitioners at Customer Number  OR  Practitioners named below:    Name			Attorney Docket Number	PC11013A			
OR Practitioners named below:    Name	I hereby appoint:						
Practitioners named below:    Name		omer Number	23913 ——				
Assignee of record of the entire interest. See 37 CFR 3.71.    Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   Signature Date   Signature Date   Signature Date   Date   Name   Registration Number							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NoTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practitioners named I			<u> </u>			
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	· ,  -	Name Name	Registra	tion Number			
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Balma  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	, r						
The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	as my/our attorney(s) or ag business in the United Stat	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  Country  Telephone  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Practitioners at Customer Number  OR  Firm or Individual Name  Address  Address  City  State  Zip  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	The above-mentioned Customer Number.						
OR  ☐ Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  ☐ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Firm or Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Fric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Practitioners at Customer Number						
Individual Name  Address  Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Fric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	OR			<u> </u>			
Address  City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
City State Zip  Country  Telephone Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address						
Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Address	· ************************************					
Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	City		State	Zip			
Telephone    am the:   Applicant/Inventor.   Assignee of record of the entire interest. See 37 CFR 3.71.   Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).    SIGNATURE of Applicant or Assignee of Record   Name				' I,			
Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple			Fax				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  Eric T. Baima  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
Name Eric T. Baima Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	SIGNATURE of Applicant or Assignee of Record						
Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	Name Eric T. Baima						
Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	1						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							
	NOTE: Signatures of all the inven	tors or assignees of record of	the entire interest or their repres	entative(s) are required. Submit multiple			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC